

Uniform Program Registration

Manual for Reviewers

To be used for the following [Older Americans Act Programs](#):

[Congregate Meals](#)

[Congregate Meal--Illness Related Home Delivered](#)

[Nutrition Counseling](#) (under Title III C(1))

[Assisted Transportation](#) (under Title III B)

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UNIFORM PROGRAM REGISTRATION. The KDADS Form UPR-001 is the current Uniform Program Registration (“UPR” or “Form”). It is used to determine eligibility and collect and report program data. See KDADS Field Services Manual Section 2.5 for UPR policies.

The Form changed October 2013. It now supports local registration systems (see below) that make it possible for a customer to easily access, complete and submit either a paper registration, or a computer or web-based registration. A customer may complete the Form without assistance or with face-to-face or telephone assistance from an UPR Reviewer. A customer is not expected to rely on family members or friends to complete the Form.

Because the new Form reflects current monthly poverty level income guidelines, it has an expiration date. It will be updated when poverty guidelines change. These are updated periodically in the *Federal Register* by the US Department of Health and Human Services.

This Form replaces all prior versions issued by the KDADS (and formerly by Kansas Department on Aging). The new Form is available in an English language version on the KDADS Provider Resource Website. It has not been translated into other languages by the State.

LOCAL REGISTRATION SYSTEM. The UPR Reviewer must have a working knowledge of policies and procedures the Area Agency on Aging put in place for its local registration system, including:

- How customers obtain a paper registration or access a web-based registration
- How electronic/scanned registrations are accepted, and provisions for electronic signatures for such submissions
- The timeline and standards for Form review and follow-up
- Retention of paper and electronic/scanned records, and related timelines.

The UPR Reviewer’s role is to make sure customers successfully complete registration processes and get needed service(s), and ensure the area agency gets data needed for federal and state program reports from each customer.

MANUAL FOR REVIEWERS. This manual contains information on State requirements for the review of a Form that has been completed by a customer. It is written for UPR Reviewers, those who are designated by an Area Agency on Aging to review completed Form(s).

The UPR Reviewer may also provide face-to-face or telephone assistance leading to the completion of the Form. This manual supports their dual role. It will serve as a resource guide for talking with a customer and recording his/her responses directly on the Form. The need for such interviewing assistance will be on a case-by-case basis. It is expected for a customer who is unable to read or has limited literacy. It may also entail oral interpretation services for those who are limited English proficient.

This manual will be updated at the same time the Uniform Program Registration form is

updated, e.g., when poverty guidelines change. This manual replaces all prior versions issued by the KDADS (and formerly by Kansas Department on Aging). This manual is available in an English language version on the KDADS Provider Resource Website. It has not been translated into other languages by the State.

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INTRODUCTION

This manual contains information on reviewing completed registrations for the Older Americans Act Congregate Nutrition Program (Title III C-1), including Congregate Meal-Illness Related Home Delivered. It is also applicable to Nutrition Counseling funded under Title III-C1 (for Congregate Meal customers) and to Assisted Transportation funded under Title III B.

STATUTORY AND REGULATORY AUTHORITY

Statutory authority for these programs is the Older Americans Act (OAA) of 1965 as Amended in 2016. The statutory citation is Public Law 114-144.

Regulatory authority for these programs is found in the Code of Federal Regulations (CFR), 45 CFR Part 1321 (Title III).

ADMINISTRATION OF THE PROGRAMS

These programs are administered at the Federal level by the U.S. Administration for Community Living (ACL) / U.S. Administration on Aging (AOA). At the State level, the programs are administered by the Kansas Department for Aging and Disability Services. The programs are implemented at the local level by the Area Agencies on Aging.

RESOURCES

Regularly check the KDADS Provider Resource Information Website at <https://www.kdads.ks.gov/provider-home> for any updates to the Form and related policies, the UPR manual, and Codes (e.g., Availability, Funding, and Discharge) used therein.

CONTENTS OF REGISTRATION

It is permissible for Area Agencies on Aging to publish the KDADS Form UPR-001 in alternative formats as long as *each item* on the Form is included and the format selected is clear and understandable. Examples of alternative formats include: a large print version printed on legal paper (e.g., 8½ X 14 page) or printed on both sides of standard letter paper (8 ½ X 11 page), and/or web or electronic formats.

The UPR Reviewer must have a working knowledge of all current alternative formats authorized by the Area Agency on Aging as part of its local registration system. Use of a format that is not currently authorized by the Area Agency on Aging is not permissible. The UPR Reviewer must consult area agency policy for rejecting such submissions.

TERMS USED IN THIS MANUAL

Availability Codes -- An official list of one- and two-digit numeric codes (e.g., 1 to 11) used on the Unmet Needs section to describe why a service cannot be provided to a program customer. The Unmet Need Service Availability Codes list is located on the KDADS Provider Resource Information Website.

Discharge Closure Reasons and Codes -- An official list of one- and two-digit numeric codes (e.g., 2 to 99) used on the Plan of Care to describe why a service provided to program customers with funds administered by KDADS is closed. It is located on the KDADS Provider Resource Information Website.

Emergency Contact – A person to contact/notify when there is a service-related need and the customer cannot be reached and/or when there is an emergency involving the customer. Such designation may or may not be made on the Form completed and signed by the customer. However, KDADS *highly recommends* business practices that support having a current emergency contact on file for each customer registered through a local registration system.

Federal Poverty Level Income Guidelines – The annual HHS Poverty Guidelines provide the dollar thresholds representing poverty levels for households of various sizes. Persons considered to be in poverty are those whose income is below the official poverty guideline.

Kansas Aging Management Information System (KAMIS) – Official electronic repository of data about KDADS customers and the service they receive [FSM Section 1.1].

Kansas County Abbreviations – Two-letter alphabetic code used to designate Kansas counties. A list of county abbreviations is on the State Library of Kansas Website at <http://www.kansasheritage.org/research/kanscoun.html>

Nutrition Risk Screen – The DETERMINE Your Nutritional Risk checklist published by the Nutrition Screening Initiative. This screen is completed by a customer who registers for Congregate Meals and/or Nutrition Counseling, but not for other services. A customer who scores **six (6) or higher** on the Nutrition Risk Screen is at High Nutrition Risk as defined by the U.S. Administration for Community Living / U.S. Administration on Aging.

Depending on policies and procedures the Area Agency on Aging put in place for its local registration system, the UPR Reviewer may help resolve certain nutrition risks identified on the screen. This may include referrals for food assistance or general cash assistance (e.g., the Kansas Vision Card, a local food bank or soup kitchen, etc.). It may include help completing an application for benefits (e.g., prescription drug program). It may include information where to seek help in the community with other needs (e.g., dentist, Adult Protective Services office, community mental health center, etc).

Planning and Service Area (PSA) – A geographic area of the state designated by KDADS for the purpose of planning development, delivery and overall administration of services under an area plan [FSM Section 1.1].

There are eleven (11) PSA boundaries in Kansas. Each has a designated two-digit identifying number (e.g., PSA 01...PSA 11). A map showing PSA boundaries, identifying numbers and general agency contact information is available on the ADRC Website at <https://www.kdads.ks.gov/commissions/commission-on-aging/aging-and-disability-resource-centers>

Service Taxonomy (or Aging Taxonomy) – An official list of activities (services) that may be provided to program customers using funds administered by KDADS. This list contains Activity Definitions, Activity (Service) Codes, KDADS Administered Funding Source, and Unit Definitions for each activity (service), and organized as shown in this example:

| Activity Definition | Activity (Service) Code | KDADS Administered Funding Sources | Unit Definition |
|---|-------------------------|------------------------------------|-----------------|
| Congregate Meals – Provision of a meal to an eligible customer or other eligible participant at a nutrition site, senior center or some other setting. See the nutrition policies for additional program requirements. | CMEL | DISAST OAA III C1 | 1 meal |

Activity Definition – A statement of the meaning that has been adopted for an activity (service) listed in the Service Taxonomy and describes what it is. The definition provides guidance for what might be included within the scope of a particular activity.

Activity (Service) Code – The unique alphabetic code assigned to each activity (service) in the Service Taxonomy. For clarity, the term is shortened to simply Service Code on the Uniform Program Registration and in KAMIS.

KDADS Administered Funding Source Acronym – The unique alphabetic code assigned to each funding source administered by KDADS. At least one funding source is authorized to pay for each activity (service) in the Service Taxonomy.

Unit Definition – A brief statement of the meaning adopted for one unit of measurement of each Activity or Service

The Service Taxonomy is used in the preparation of funding applications, e.g., area plans. It is also used to record Unmet Needs (e.g., service needs that are not being met) and a Service Plan for a customer on the Uniform Program Registration. The current Service Taxonomy is located on the KDADS Provider Resource Information Website.

State Code – Two-letter USPS codes (abbreviations) used by the United States Postal Service (USPS). A Quick Tool to look up a State Code is found on the USPS Website at

<https://tools.usps.com/go/ZipLookupAction!input.action>. Codes used for Kansas and its bordering states are shown here:

| Kansas | Missouri | Nebraska | Oklahoma |
|--------|----------|----------|----------|
| KS | MO | NE | OK |

Zip Code – Postal codes used by the USPS to designate delivery points, with the basic format consisting of five numeric digits. An extended ZIP+4 has five digits, a hyphen, and four more digits for a more specific location within a given Zip Code. A Quick Tool to look up a Zip Code is found on the USPS Website at <https://tools.usps.com/go/ZipLookupAction!input.action>.

GENERAL REQUIREMENTS

Certain basic tenets of the Older Americans Act mean each local registration system put in place in Kansas shares some common features, including that **a customer**:

- Will register as an individual, not as a household
- Will NOT pay a fee to register for a service
- Will NOT provide proof of identity
- Will NOT provide proof of U.S. citizenship, or state and/or county residency; and
- Will NOT provide income and/or age verification

Local registration systems will NOT provide a pre-printed copy of a last year's registration for the customer to confirm the accuracy of the registration and sign it. Ultimately, it is the customer's responsibility to complete the registration process and Form in its entirety, each time a registration is due.


The registration is not an assessment. Eligibility determination is based primarily on age for the services registered using this Form. Other required data collected on this Form is either needed to create and maintain an electronic record for each customer in KAMIS and/or for the purpose of meeting state and federal reporting requirements.

IMPORTANT – A customer's personal information is only shared in order to provide services to the customer. This is consistent with the Release of Information statement on the Form. Only aggregate information is reported to funding sources -- not customer names, addresses, phone numbers, or social security numbers. Example: number of males between ages 70-80 years that were provided congregate meals.

Finally, each customer receives either a paper or electronic copy of the completed KDADS Form UPR-001 after the UPR Reviewer completes the Completed by Reviewer section at the bottom of the Form.

INSTRUCTIONS FOR REVIEWING THE UPR

The chart shows each **UPR ITEM** (1st Column), a description of the corresponding data **REQUIREMENT** (2nd Column), an **EXAMPLE** (3rd Column) and the **REVIEW CRITERIA** (4th Column) the UPR Reviewer will use. Certain UPR Items must be completed by the Customer/Guardian or Reviewer (shown in red print).

| UPR ITEM | REQUIREMENT | EXAMPLE | REVIEW CRITERIA |
|--|---|---|---|
| Registration Date | Date the customer registered for the service(s) | October 21, 2020 | Shows a date within 365 days of the date of previous registration, if on file |
| PSA | Two-digit number (e.g., 01 to 11) | 03 |  Completed by Reviewer Shows a number to identify the area where this UPR is completed |
| CUSTOMER INFORMATION | | | |
| First Name Middle Name Last Name | Legal name of the customer, written same as official signature | Mary Jane Davis | Shows the entire name of <u>one</u> customer. If more than one name is shown, obtain a separate UPR from <u>each</u> customer listed |
| Birth Date ➤ Month ➤ Day ➤ Year | Date customer was born | May 2, 1937 or 05/02/1937 | Shows the month, day and 4-digit year |
| Age | Current age of customer | 83 | Shows the age as of last birthday |
| Social Security # | Not required. SSN for the <u>customer</u> even if benefits are received under a spouse's SSN | 999-99-9999 or Line drawn thru space | Shows either the SSN for the customer or a line drawn through the space if customer does not provide SSN |
| Gender <input type="checkbox"/> Female <input type="checkbox"/> Male | Sex of customer | <input checked="" type="checkbox"/> Female | Shows one checkmark |



| UPR ITEM | REQUIREMENT | EXAMPLE | REVIEW CRITERIA |
|---|---|--|--|
| Residence Address <ul style="list-style-type: none"> ➤ Street ➤ City ➤ County ➤ State ➤ Zip ➤ Phone | Permanent residence, mailing address and phone number for the customer | 11111 110 th Road R.R. 2, Box 84 Edmond Norton or NT Kansas or KS 67645 (785) 000-0000 | Shows where the customer currently lives, receives mail and how to contact customer by phone (with area code). To check state, county and/or zip codes, use link(s) found in <i>Terms Used in this Manual</i> section. |
| Emergency Contact Name | Not required. Who the customer authorizes your agency to contact in an emergency | Fred Davis (husband) or Line drawn thru space | Shows who to contact or a line drawn through the space if customer does not provide a name. Consult Area Agency policy for any action required of the Reviewer to follow-up with customer. |
| Emergency Contact Address <ul style="list-style-type: none"> • Street • City • County • State • Zip • Phone • Alt Phone | Not required. Permanent residence, mailing address and phone numbers (may include work number) for emergency contact | 11111 110 th Road R.R. 2, Box 84 Edmond Norton or NT Kansas or KS 67645 (785) 000-0000 (785)888-8888 or Line drawn thru space | Shows either where the customer's emergency contact currently lives, receives mail and two (2) options for contacting this person by phone (with area code) or a line drawn through the space if customer does not provide a name of a contact. |
| ETHNICITY | | | |
| <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Ethnicity Missing | Ethnic background chosen by customer. Customer is allowed to self-identify all categories that apply | <input checked="" type="checkbox"/> Not Hispanic or Latino | Shows at least one checkmark. |


| UPR ITEM | REQUIREMENT | EXAMPLE | REVIEW CRITERIA |
|--|---|--|--|
| RACE | | | |
| <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Reporting some other race <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White Hispanic <input type="checkbox"/> White Non-Hispanic <input type="checkbox"/> Reporting 2 or more races | Race chosen by customer. Customer is allowed to self-identify all categories that apply. | <input checked="" type="checkbox"/> White Non-Hispanic | Shows at least one checkmark. |
| Do you live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No | Tells if customer lives in a one-person household where the householder lives by his or herself in an owned or rented place of residence in a non-institutional setting, includes board and care facilities, assisted living units and group homes. | <input checked="" type="checkbox"/> No | Shows one checkmark. |
| Doctor Name • City • Phone | Not required. Who the customer authorizes your agency to contact in an emergency. | Dr. John Best Norton (785) 777-7777 or Line drawn thru space | Shows either the name, city and phone number of the customer's primary care doctor or a line drawn through the space if customer does not provide a name of a doctor. |
| Health conditions /medications | What the customer discloses about health conditions or medications that is important in an emergency or useful for providing assistance. | "I am hearing impaired and wear hearing aids" or Line drawn thru space | Shows the special need(s) and/or considerations for assistance or a line drawn through the space if customer does not list any need(s). |

| UPR ITEM | REQUIREMENT | EXAMPLE | REVIEW CRITERIA |
|---|---|--|--|
| <p>Is your monthly income below?</p> <p>\$1,063 – Family of 1 \$1,437 – Family of 2 \$1,810 – Family of 3 \$2,183 – Family of 4</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>Customer declares if monthly income is above or below poverty level based on household size (HS).</p> <p><u>Key to HS:</u></p> <ul style="list-style-type: none"> ○ If live alone = 1 ○ If live with spouse <u>or</u> minor child = 2 ○ If live with spouse <u>and</u> minor child = 3 ○ If live with persons other than spouse and/or minor child, even if family members = 1 | <p><input checked="" type="checkbox"/> No</p> | <p>Shows one checkmark. Customer is allowed to self-identify poverty status. Program use: federal reports, not program eligibility.</p> <p>Consult Area Agency policy for any action required of the Reviewer to follow-up with customer about HS.</p> |
| Veteran or Spouse of Veteran | <p>Not required. Indicates whether applicant is either a Veteran or Spouse of a Veteran.</p> | <p><input checked="" type="checkbox"/> No</p> | <p>Shows one checkmark. Customer can record either Yes or No.</p> |
| MODIFIED DIETS | | | |
| <p>Are you following any modified diet(s)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>Special dietary needs customer declares.</p> | <p><input checked="" type="checkbox"/> Yes</p> | <p>Shows one checkmark.</p> |
| <p>If yes, mark each type:</p> <p><input type="checkbox"/> Diabetic <input type="checkbox"/> Pureed <input type="checkbox"/> Diverticulitis <input type="checkbox"/> Renal <input type="checkbox"/> Ethnic/religious <input type="checkbox"/> Vegetarian <input type="checkbox"/> Low sodium (salt) <input type="checkbox"/> Mechanical</p> | <p>Skip if last Question was marked:</p> <p><input checked="" type="checkbox"/> No</p> <p>Special diet(s) chosen by customer may or may not be prescribed by a doctor.</p> | <p><input checked="" type="checkbox"/> Diabetic</p> <p>or</p> <p>Skip - No Checkmark(s)</p> | <p>Shows one or more checkmarks if last Question was marked:</p> <p><input checked="" type="checkbox"/> Yes</p> <p>or no checkmark if last Question was marked:</p> <p><input checked="" type="checkbox"/> No</p> |
| NUTRITION RISK SCREEN | THIS SECTION FOR <u>CONGREGATE MEALS</u> AND <u>NUTRITION COUNSELING</u> ONLY. PLEASE ANSWER EACH QUESTION BELOW. | | |

| | <p>Skip if registering for other services. Customer is allowed to self-identify all risk categories that apply. Nutritional SCORE is shown by category.</p> | Yes Column | Shows no marks if customer is registering for other services. |
|--|--|------------|--|
| UPR ITEM | REQUIREMENT | EXAMPLE | REVIEW CRITERIA |
| Do you usually eat less than 2 meals daily? | If Yes, SCORE = 3 | 3 | Shows a mark in one column. |
| Do you eat less than 2 servings of fruits and vegetables daily? | If Yes, SCORE = 1 | 1 | Shows a mark in one column. |
| Do you eat less than 2 servings of dairy products (milk, cheese, | If Yes, SCORE = 1 | 1 | Shows a mark in one column. |
| Do you usually drink less than 6 glasses of water, milk, or juice, | Not required. If Yes, SCORE = 0 | 0 | Shows a mark in one column. If Yes, shows how many. |
| Do you drink 3 or more alcoholic beverages daily? | If Yes, SCORE = 2 | 2 | Shows a mark in one column. |
| Do you take 3 or more different prescriptions and/or over-the- | If Yes, SCORE = 1 | 1 | Shows a mark in one column. |
| Do you have problems with dentures, teeth, or mouth, which make it hard to eat? (Circle all | If Yes, SCORE = 2 | teeth 2 | Shows a mark in one column. If Yes, shows one or more circled. |
| Have you made changes in the kind and/or amount of food | If Yes, SCORE = 2 | 2 | Shows a mark in one column. |
| Are you physically not always able to grocery shop, cook, and/or feed yourself? (Circle all that | If Yes, SCORE = 2 | 2 | Shows a mark in one column. If Yes, shows one or more circled. |
| Do you eat alone most of the time? | If Yes, SCORE = 1 | 1 | Shows a mark in one column. |
| Do you feel that you usually do not have | If Yes, SCORE = 4 | 4 | Shows a mark in one column. |
| Have you gained or lost more than 10 pounds in the last 6 months? (Circle all that apply) | If Yes, SCORE = 2 | 2 | Shows a mark in one column. If Yes, shows one or more circled. |

| | | | |
|---|---|---|--|
| Total Nutrition Risk Score will be determined by answers to the questions | The sum of all Risk Category SCORES that apply equals a customers' Nutritional Risk Screen. | 9 | Enter Total Nutritional Risk Screen Score. |
|---|---|---|--|

| UPR ITEM | REQUIREMENT | EXAMPLE | REVIEW CRITERIA |
|---|--|---|--|
| <i>Release of Information:</i> I consent to the release of the information on this page so I can receive services. I understand the information on this page will be released to Kansas Department for Aging and Disability Services, the Area Agencies on Aging, and service providers as listed below to enable the delivery of services and program monitoring. |  Completed by Customer/Guardian AND  Completed by Reviewer AND Includes date each added signature or mark. | <i>Mary Jane Davis</i> 10/21/2020 <i>Jma Reviewer</i> 10/21/2020 | Shows necessary signatures or marks. If customer has a guardian, form must be signed by guardian. If customer did not record the date, the Reviewer should record the date UPR is completed. |

| ~COMPLETED BY REVIEWER~ |  COMPLETED BY REVIEWER | | |
|----------------------------|---|-------|---|
| KAMIS ID # | The unique identifier assigned to the customer by KAMIS. | 00000 | Record unique number from KAMIS, once assigned. |
| Total Nutrition Risk Score | The sum total of all risk category SCORES that apply based a customer's Nutritional Risk Screen. | 6 | Record a sum total, e.g., based on calculation or from KAMIS. Consult Area Agency policy when customer is at High Nutrition Risk. |
| UNMET NEEDS | | | |
| (Activity) Service Code | Alphabetic code for service determined to most closely match the customer's unmet need. | NCOU | Record code using Service Taxonomy. |
| Availability Code | One or two-digit numeric code for the reason the needed service is not available. | 7 | Record code using Unmet Needs Service Availability Codes. |

| UPR ITEM | EXAMPLE | REVIEW CRITERIA |
|--|---|---|
| Monthly Units | Number of units of the unavailable service that is needed monthly, based on a 5-week month. | 2 (Hours) Record units using the Unit Definition for the service as it is defined in the Service Taxonomy. |
| PARTICIPANT STATUS FOR MEALS | | |
| <input type="checkbox"/> 60+ Person <input type="checkbox"/> Less than 60 spouse of 60+ Person <input type="checkbox"/> Less than 60 disabled Person residing with 60+ Person <input type="checkbox"/> 60+ non-spouse Caretaker (IIIB home delivered meals only) <input type="checkbox"/> Volunteer <input type="checkbox"/> Less than 60 disabled Person residing in housing facility with congregate meal site and occupied mostly by 60+ Persons | <p>Category chosen by the Reviewer to show the <u>Congregate Meal</u> eligibility criteria being met by the customer, refer to KDADS FSM 4.2.1</p> <p>For customers age 60+ (including volunteers), always use 60+ Person category. For volunteers under age 60, use Volunteer category.</p> <p>Not required for any other services the customer registers to receive using this form.</p> | <input checked="" type="checkbox"/> 60+ Person <p>Record one checkmark for eligibility category, if applicable.</p> <p>Consult Area Agency policy for any action required of the Reviewer to follow-up with customer when eligibility category being met is not clear.</p> |
| SERVICE PLAN | | |
| PSA | Two-digit number (e.g., 01 to 11) | 03 Record a number to identify the area where this UPR is completed. |
| (Activity) Service Code | Alphabetic code for service(s) the customer registered to receive, if eligible. | CMEL Record code using Service Taxonomy. |
| Funding Code | Alphabetic code for source of funds being used to pay for the service shown in Service Code column. | OAAC1 Record code using Service Taxonomy. |

| UPR ITEM | REQUIREMENT | EXAMPLE | REVIEW CRITERIA |
|---------------------|---|-----------------------|--|
| Disaster | Shows when service is provided as a result of a disaster, e.g., flood or tornado. | | Record a checkmark |
| Provider | Name of entity authorized to deliver this service to the customer. For meals, it is the specific meal site. | Edmond Nutrition Site | Record approved service provider using current list prepared by Area Agency on Aging. |
| Unit(s) | How much service the customer will receive, an amount understood in the context of the (Per) column, such as: Once a day, five days Per WEEK = 5 units Once Per MONTH = 1 unit | 5 | Record number using Unit Definitions in Service Taxonomy. |
| Per | How often the customer will receive the service, a frequency understood in the context of the (Units) column, see above | Week | Record frequency, usually a WEEK unless service is provided less often, e.g., a MONTH. |
| Total Units Monthly | An amount decided based on (Units) and (Per) columns. If (Per) is WEEK, use this formula: Unit(s) Column x Per Column x 5-Week Month | 25 | Record how much service the customer will receive in one MONTH. |
| Cost of unit | The approved cost of providing one (1) unit of service to the customer. For meals, DO NOT use suggested contribution rate. | \$5.25 | Record approved cost of one unit using current list prepared by Area Agency on Aging. |
| Start Date | Date the service will begin. This Registration | 10-21-2020 | Record date |

| UPR ITEM | REQUIREMENT | EXAMPLE | REVIEW CRITERIA |
|----------------|---|------------|--|
| | Date and the first day of service may or may not be the same. | | |
| End Date | Either the date the next Registration is due (and within 365 days of this registration) or the date this service is expected to end (if needed less than 365 days). | 10-20-2021 | Record date. |
| Discharge Code | Numeric code chosen by the Reviewer to tell why customer no longer receives the service. | | Record code using Discharge Closure Reasons and Codes. |

APPENDIX

A. Sample UPR (**see next page**) – Corresponds with EXAMPLE (3rd Column) shown in Instructions for Reviewing the UPR

Kansas Department for Aging and Disability Services Uniform Program Registration

Registration Date: October 21, 2020 PSA: 03

CUSTOMER INFORMATION

First Name: Mary Middle Name: Jane Last Name: Davis
 Birth Date: May 2 1937 Age: 83 Social Security #: 999-99-999 Gender: ☒ Female ☐ Male
 Month Day Year
 Residence Street Address: 11111 110th Road, R.R. 2, Box 84 Edmond NT KS 67645 (785)000-0000
 Street City County State Zip Phone
 Emergency Contact Name: Fred Davis
 Emergency Contact Address: 11111 110th Road, R.R. 2, Box 84 Edmond NT KS 67645 (785)000-0000 (785)888-8888
 Street City County State Zip Phone Alt Phone

| Ethnicity | Race |
|--|--|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> American Indian/Alaskan Native |
| <input checked="" type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Ethnicity Missing | <input type="checkbox"/> Asian |
| | <input type="checkbox"/> Black or African American |
| | <input checked="" type="checkbox"/> White Non-Hispanic |
| | <input type="checkbox"/> Reporting some other race |
| | <input type="checkbox"/> Reporting 2 or more races |

Do you live alone? ☐ Yes ☒ No Is your monthly income below? ☐ Yes ☒ No
 Doctor Name: Dr. John Best \$1,063 – Family of 1 or \$1,437 – Family of 2
 City: Norton Phone: (785)777-7777 \$1,810 – Family of 3 or \$2,183 – Family of 4
 Health conditions/medications: Hearing impaired/hearing aids Veteran or Spouse of Veteran ☐ Yes ☒ No

MODIFIED DIETS

Are you following any modified diet(s)? ☒ Yes ☐ No
 If yes, mark each type: ☒ Diabetic ☐ Diverticulitis ☐ Ethnic/religious ☐ Low sodium (salt) ☐ Mechanical
☐ Pureed ☐ Renal ☐ Vegetarian ☐ Other _____

NUTRITION RISK SCREEN (This section for Congregate Meals and Nutrition Counseling Only)

Please answer each question below.

| SCORING – If Yes, Circle | Yes | SCORING – If Yes, Circle | Yes |
|---|-----|---|-----|
| Do you eat less than 2 meals daily? | 3 | Have you made changes in the kind and/or amount of food you eat because of an illness and/or condition? | 2 |
| Do you eat less than 2 servings of fruits and vegetables daily? | 1 | Are you physically not always able to grocery shop, cook, and/or feed yourself? (Circle all that apply) | 2 |
| Do you eat less than 2 servings of dairy products (milk, cheese, yogurt, etc.) daily? | 1 | Do you eat alone most of the time? | 1 |
| Do you usually drink less than 6 glasses of water, milk, or juice daily? # of glasses: | 0 | Do you feel that you usually do not have enough money to buy the food you need? | 4 |
| Do you drink 3 or more alcoholic beverages daily? | 2 | Have you gained or lost more than 10 pounds in the last 6 months? (Circle all that apply) | 2 |
| Do you take 3 or more different prescriptions and/or over-the-counter drugs daily? | 1 | Add all YES answers for Total Nutrition Risk Score: | 9 |
| Do you have problems with dentures, teeth, or mouth, which make it hard to eat? (Circle all that apply) | 2 | | |

RISK LEVEL: ____ 0-2: Low ____ 3-5: Moderate X 6 or more: High nutritional risk; share results with your health care provider.

Release of Information: I consent to the release of the information on this page so I can receive services. I understand the information on this page will be released to Kansas Department for Aging and Disability Services, the Area Agencies on Aging, and service providers as listed below to enable the delivery of services and program monitoring.

Customer/Guardian Signature Mary Jane Davis Date 10/21/2020
 Reviewer Signature Ima Reviewer Date 10/21/2020

COMPLETED BY REVIEWER

| | | | | | | | | | | | |
|--------------|--------------|-------------------|----------|---|---------|------|---------------------|------------------------------|------------|------------|----------------|
| KAMIS ID #: | | | | <input checked="" type="checkbox"/> 60+ Person <input type="checkbox"/> Less than 60 Spouse of 60+ Person <input type="checkbox"/> Less than 60 disabled Person residing with 60+ Person <input type="checkbox"/> 60+ non-spouse Caretaker (IIIC(2) Home-delivered meals only) <input type="checkbox"/> Volunteer <input type="checkbox"/> Less than 60 disabled Person residing in housing facility with CMEL site and occupied mostly by 60+ Persons | | | | PARTICIPANT STATUS FOR MEALS | | | |
| UNMET NEEDS | | | | | | | | | | | |
| Service Code | | Availability Code | | Monthly Units | | | | | | | |
| NCOU | | 7 | | 2 | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| PSA | Service Code | Funding Source | Disaster | Provider | Unit(s) | Per | Total Units Monthly | Cost of Unit | Start Date | End Date | Discharge Code |
| 03 | CMEL | OAAC1 | | Edmond Nutrition Site | 5 | Week | 25 | \$5.25 | 10-21-2020 | 10-20-2021 | |
| | | | | | | | | | | | |